_	<u> </u>										[0/2	130	3 4	<u> </u>		
	PATENT APPLICATION FEE DETERMINATION RECO										Application or Docket Number					
	PATENT	LICA El	2	107305gs												
CLAIMS AS FILED - PART I (Column 1) (Column 2)										SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
TOTAL CLAIMS				2	26			-		RATE	FEE	7	RATE	FEE		
FOR ·				NUMBER FILED .			BER EXTRA		BASIC FE	E 385.00	I _{OR}	BASIC FEE				
TOTAL CHARGEABLE CLAIMS				rs 24	2K minus 20=					X\$ 9=		OR	XS18+	144		
INDEPENDENT CLAIMS				8	8 minus 3 =			•		X43=	┼──	-				
MULTIPLE DEPENDENT CLAIM P				M PRESE	NT							OR	A003	930		
* If the difference in column 1 is				1 ic loca	loce than zero, enter			ostema 2		+145=	<u> - </u>	OR	+290=	290		
* If the difference in column 1 is less than zero, enter "0" in column 2										TOTAL	<u> </u>	OR	TOTAL	1624		
CLAIMS AS AMENDED - PART II (Column 3)										SMALL	ENTITY	OR	OTHER			
г		REI	LAIMS MAININ UTER	G		HIGH MUMI PREVIO PAID I	EST BER KUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE		
AMENDMENT A	Total (AMENDMENT STAND		Minu	3		- UN	1.		X\$ 9=	, ree_	OR	X\$18e	PER		
	Independent	1		Miss	15	•••				X43.			XR6=			
[FIRST PRESE			MULTIP	LE DE	PENDENT	CLAIM				-	OR		_		
1-2-8-9-13-14-20									ı	+145=		OR	+290=			
1	-26.0	0/0-				•				TOTAL DOTT. FEE		OR	YOYAL ADOIT, FEE			
	7 2000		ADAS	<u>1) · · · </u>		(Colum		(Column 3)								
AMENDMENT B		A	AANEN PTER NOMEI	_		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total ·	. 0	46	Minu	9	- 2	8	• /		X\$ 9=		OR	X\$18=			
	Independent	NTATV	9		Minus es d		7 -		I	X43=		OR	X88=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+145=		OR	+290=			
									A	TOTAL DOTT, FEE		OR	YOTAL ADOIT, FEE			
(Column 1) (Column 2) (Column 3)									_		•					
AMENDMENT C		REMAINING AFTER AMENDMENT			٠	NUMB PREVIOUS PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
	Total	•	14	Minus	B	\ •	$\left\{ -\right\}$	• 0	Γ	X\$ 9=		OR	X\$18-			
	Independent	•	T	Minus		-'0		• 0.	ŀ	·X43=			X88=	-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR				
• 6	the eatry in colu	ess the	in the entry	L	+145= \		OR	+500-	/'							
	i the "Highest Nu: I the "Highest Nu	mber Pro	evicusiy evicusi	y Paid For	IN THE	S SPACE IS	loca ther	30' exter 37.	~	TOTAL DOT. FEE	ζ.		TOTAL DOTT. FEE			
1	The "Highest Nust	Der Pro	viously	Pald For (Total o	independer	d b the	highest number	lour	d in the app	propriete box	in col	ann 1.	2		

FORM PTO-676 (Red 1003)